

Foster Family Home - Corrective Action Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

95-528 Wailoa Loop

Mililani

HI 96789

Review ID: 1-562068-4

Reviewer: David Ayling

Begin Date: 12/11/2018

End Date: 12/12/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/11/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date